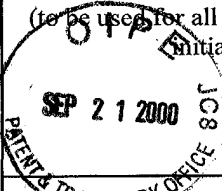


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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing) 		Application Number:	09/648,081
		Filing Date:	August 25, 2000
		First Named Inventor:	Wang, Guoqing
		Group Art Unit:	To be determined
		Examiner:	To Be Determined
Total Pages in This Submission:	3	Attorney Docket Number:	ART-101.P.1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input checked="" type="checkbox"/> Licensing-related Papers <u>License for Foreign Filing</u>	<input type="checkbox"/> Appeal Communication to Group (Appeal, Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits / Declarations(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Requests	<input type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Inclosures, identified below:  <div style="text-align: center;">Post Card</div>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts / Incomplete Application	Remarks:	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name

*David R. Preston*

Signature

*David R. Preston*

Date

*September 15, 2000*

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date.

Date:

*9/15/00*

Typed or printed name:

*David R. Preston*

Signature

*David R. Preston*

Date:

*9/15/2000*

